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Spring 2012

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Original Publication Information

Collins-Camargo, Crystal, "Secondary Traumatic Stress and Supervisors: The Forgotten Victims." 2012.
Child Welfare 360: Secondary Trauma and the Child Welfare Workforce, Spring 2012: 8-9.

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Secondary Traumatic Stress and Supervisors: The Forgotten Victims

Crystal Collins-Camargo, MSW, PhD

When vicarious traumatization, compassion fatigue, and secondary traumatic stress (STS) are discussed in child welfare, supervisors are seen as a resource for reducing the impact on workers (e.g. Pryce, Shackelford & Pryce, 2007). The relationship between worker and supervisor is often seen as a mediator. In a four-state study of clinical supervision in child welfare, one state chose to study levels of STS in workers as an outcome measure because of this factor (Bride, Jones, MacMaster & Shatila, 2003). Two studies found moderate levels of STS in mixed samples of frontline workers and supervisors (Bride, Jones & MacMaster, 2007; Conrad & Kellar-Guenther, 2006).

While unintentional, the extent to which these supervisors are themselves susceptible is often overlooked. In *Secondary Traumatic Stress and the Child Welfare Professional* (Pryce et al., 2007), two paragraphs are specifically devoted to STS in supervisors. There is no chapter on the topic in *Child Welfare Supervision: A Practical Guide for Supervisors, Managers and Organizations*, an otherwise comprehensive resource (Potter & Brittain, 2009). Ignoring supervisors' response to the stressful and often painful work they do puts the entire system at risk.

The Supervisory Role Makes Them Especially Vulnerable

Child welfare supervisors are not just administrators. They often intervene with traumatized clients, conduct home visits,



to create an environment where their workers can succeed. Supervisors may suppress these feelings when they interact with workers. It stands to reason that supervisors are at least as vulnerable to STS as workers.

Cornille and Meyers (1999) found that longer tenure in the field and working beyond 40 hours a week were associated with higher levels of STS. These agencies are in a constant state of reform, and the responsibility for implementing new procedures largely falls on the frontline supervisor. Bride and Jones (2006) found that child welfare workers with lower levels of STS reported their

generating 31 separate items. One hundred percent of those interviewed identified preventing/addressing stress, STS, and burnout for supervisors, and 95% included the same tasks associated with workers (Hess, Kanak, & Atkins, 2009).

Strategies for Preventing and Addressing STS and Related Concerns in Supervisors

Many supports could help prevent and address this phenomenon. Ausbrooks (2011) studied why child welfare supervisors remain on the job, despite the stressful nature of the work and their susceptibility to STS, and found that possession of a personal calling, support systems, and strong coping skills contributed to retention. Hess, Kanak, & Atkins (2009) urged supervisors to monitor their own stress levels and signs of STS, and seek resources to address them. However, to place responsibility solely on the individual exacerbates the problem.

Child welfare agencies should make a number of resources accessible to supervisors. Dane (2000) recommended self-care training and monthly support groups to discuss trauma issues. Middle manager supervision of supervisors can play an important role in what Figley (1989) referred to as social supportiveness skills, including clarifying insights, correcting distorted perceptions, and offering objective ways of looking at supportive events. Supervisors need the opportunity to process these topics with their manager, their peers, or both before they can undergo a parallel process with workers.

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and share the responsibility for case decision-making with their workers. Shulman (1993) argued that supervisors must develop preparatory empathy and 'tune in' to workers. This important process also opens the door to vicarious traumatization of the supervisor. When traumatic events occur, such as the death of a child, the supervisor is likely as involved as the worker in both the investigation and the internal inquiry if the family had prior involvement with the agency. In one study, a tendency to suppress angry feelings was related to increased stress, dissatisfaction with co-workers, and physical symptoms, regardless of managerial style (Norvell, Walden, Gettelman, & Murrin, 1993). Anger can be a natural response to working with clients, to organizational decisions and bureaucracy, and the inability

supervisors used a more action-oriented approach, offering to help address problems and providing visible, ongoing support. While important to meeting worker needs, this may add additional pressure if attention is not paid to their own reactions. In one study, child welfare supervisors and managers were found to have high rates of exposure to critical events and high levels of accountability, and nearly 49% were in the high or severe range for post-traumatic symptoms (Regehr, Chau, Leslie & Howe, 2002).

When one considers the complex and multifaceted supervisory role, it is no wonder that supervisors can easily fall prey to STS. In an initiative led by two federally-funded National Resource Centers, supervisors from across the country identified those job responsibilities deemed most important

In the aforementioned four-state study of clinical supervision, states used a learning circle model to develop skills, but an important outcome of this strategy was establishment of a peer support process for the supervisors who typically do not have peers in their community to whom they can turn (Collins-Camargo, 2006a). These groups helped to normalize supervisory challenges and promoted peer consultation. However, agency administrative decisions often impeded the process (Collins-Camargo & Millar, in press). In the one state that measured worker STS, it was found to be negatively correlated with peer support (Bride et al., 2007).

Organizations must promote an organizational culture valuing and overtly demonstrating support for supervisors, involve them in the communication chain, recognize and reward good work, and address supervisory STS and burnout (Hess et al., 2009; Bell, Kulkarni, & Dalton, 2003). Choi (2011) found that those with access to strategic organizational information had lower STS levels. Agencies can develop positions that split responsibilities across two positions (such as an advanced practitioner), rotate supervisors from high stress positions to other assignments, and develop peer support teams to conduct critical incident stress debriefings (Dill, 2007). Employee assistance programs should be marketed as a way for supervisors to address vicarious trauma and STS.

A proactive approach is needed. Providing the tools for evidence-informed practice can demonstrate the positive impact staff are making with families and may promote expectancy valance—the belief that it is

possible to make a difference in the lives of clients. Another way of looking at this would be promoting compassion satisfaction (Conrad & Kellar-Guenther, 2006) and fulfillment (Radley & Figley, 2007).

This issue is receiving national attention. In 2011, the Social Work Policy Institute sponsored a national symposium on child welfare supervision. One of the challenges observed was trauma, safety, and vulnerability in the agency and community. Recommendations for action included development of peer consultation programs, debriefing processes, and support for middle manager supervision of frontline supervisors.

A comprehensive approach is necessary. Although supervisors are critically important resources for preventing and mediating STS in frontline workers, to fail to take care of these caregivers compounds the problem. In 2006, 36 states participated in the Summit on Child Welfare Supervision. Data collected from those states indicated that few supports beyond training were offered to supervisors at that time (Collins-Camargo, 2006b). The literature demonstrates agencies must not only provide but encourage supervisors to take advantage of resources designed to assist them. To do less than this not only neglects these valuable assets and impedes support to frontline workers but, ultimately, impacts outcomes for the children and families so desperately in need of quality services.


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Are Private Agencies Less Susceptible?

Child welfare happens in partnership between public and private agencies. In many states, private agencies predated public agency involvement. In all states, private agencies provide services such as counseling or foster care to the child welfare population, but some states have also moved case management to the private sector. The National Quality Improvement Center on the Privatization of Child Welfare Services (QICPCW) studies this partnership (see this publication's Resources Page). Interviews with public administrators in 2008 revealed that approximately 23% of states had some privatized case management, and 13% have broad-scale initiatives. So, does contracting child welfare case management to private agencies reduce the risk of STS in staff?


Moving child welfare services to private agencies does not change the nature of the work. Intervening with multi-problem families still brings susceptibility to vicarious traumatization, compassion fatigue, and STS. The families served experience the same trauma. Staff turnover remains an issue. Private agency administrators and supervisors have emphasized this in their interactions with the QICPCW—'the work is the work.'

However, the bureaucratic nature of public child welfare agencies can make the establishment of flexible supports, incentives, and initiatives to address STS harder and slower. Smaller private agencies may be more creative in establishing programs and can minimize the perceived distance between management and the frontline. It may be easier to implement innovative practice techniques, provide staff with data demonstrating outcome achievement, reward employees, and establish peer and professional support mechanisms. If the impact of initiatives could be demonstrated, the public sector could benefit from what is learned in private agencies. This is an area in which public/private collaboration could prove especially productive through sharing strategies or joint support and assistance programs. The susceptibility to STS is inherent in the work, but solutions may be implemented through partnership.




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